

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
7	/					
8		/				
9		/				
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46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep						
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52		/				
53		/				
54		/				
55	/					
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58		/				
59		/				
60		/				
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93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	7					
Total Depend	56					
Total Claims	63					